

<i>SERFF Tracking Number:</i>	<i>ERCB-127008695</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westport Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>47830</i>
<i>Company Tracking Number:</i>	<i>WIC-ESL-AR-10-05198-1-F</i>		
<i>TOI:</i>	<i>H12 Health - Excess/Stop Loss</i>	<i>Sub-TOI:</i>	<i>H12.004 Self-Funded Health Plan</i>
<i>Product Name:</i>	<i>Employers Excess Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Endorsement filing for Employers Excess Stop Loss /WIC-ESL-AR-10-05198-1-F</i>		

## Filing at a Glance

Company: Westport Insurance Corporation

Product Name: Employers Excess Stop Loss

TOI: H12 Health - Excess/Stop Loss

Sub-TOI: H12.004 Self-Funded Health Plan

Filing Type: Form

SERFF Tr Num: ERCB-127008695 State: Arkansas

SERFF Status: Closed-Approved-Closed  
State Tr Num: 47830

Co Tr Num: WIC-ESL-AR-10-05198-1-F

State Status: Approved-Closed

Author: Theresa Cox

Date Submitted: 01/28/2011

Reviewer(s): Rosalind Minor

Disposition Date: 02/07/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 03/01/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: Endorsement filing for Employers Excess Stop Loss

Project Number: WIC-ESL-AR-10-05198-1-F

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 02/07/2011

State Status Changed: 02/07/2011

Created By: Theresa Cox

Corresponding Filing Tracking Number: WIC-ESL-AR-10-05198-1-F

Filing Description:

Westport Insurance Corporation is filing the attached form for its Excess Stop Loss product for self-insured benefit plans.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 01/12/2011

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Theresa Cox

The policy provides excess coverage at a specific retention level chosen by the self-insured employer. The maximum coverage is typically \$1 million per member per year, less the employer's specific retention.

This endorsement clarifies the Medicare benefits exclusion contained within the policy. As this form is adding clarification to an existing exclusion, there is no rate impact.

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## Company and Contact

### Filing Contact Information

Theresa Cox, Compliance Specialist	theresa_cox@swissre.com
5200 Metcalf	800-255-6931 [Phone] 6181 [Ext]
Overland Park, KS 66201	

### Filing Company Information

Westport Insurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Filing fee is \$50. Westport's domiciliary state of Missouri charges \$50 for a forms filing - Both fees are the same.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$50.00	01/28/2011	44171635

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	02/07/2011	02/07/2011

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## Disposition

Disposition Date: 02/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Form</b>	Medicare Benefits Exclusion	Approved-Closed	Yes
	Endorsement		

SERFF Tracking Number: ERCB-127008695 State: Arkansas

Filing Company: Westport Insurance Corporation State Tracking Number: 47830

Company Tracking Number: WIC-ESL-AR-10-05198-1-F

TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.004 Self-Funded Health Plan

Product Name: Employers Excess Stop Loss

Project Name/Number: Endorsement filing for Employers Excess Stop Loss /WIC-ESL-AR-10-05198-1-F

## Form Schedule

Lead Form Number: SP 4 922 0710

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/07/2011	SP 4 922 0710	Policy/Cont Medicare Benefits ract/Fratern Exclusion al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	SP 4 922 0710.pdf

# ***Westport Insurance Corporation***

## **MEDICARE BENEFITS EXCLUSION ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Section Six: Exclusions, paragraph 1., This Policy Does Not Apply, subsection h. is deleted and replaced with the following:

- h. to Medicare **Benefits** and any **Benefits** which would have been covered by Medicare if not for the fact that the **Person** either i) failed to enroll for Medicare coverage on the earliest possible date entitled, or ii) failed to maintain Medicare coverage previously in force.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.


(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective  
Named Insured

Policy No.

WESTPORT INSURANCE CORPORATION

Countersigned.

\_\_\_\_\_  
Authorized Representative

President

Secretary

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## Supporting Document Schedules

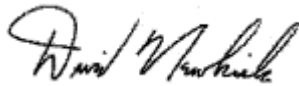
	<b>Item Status:</b>	<b>Status</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed
<b>Bypass Reason:</b>	Not applicable to this filing - This is an endorsement filing.	
<b>Comments:</b>		02/07/2011

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed
<b>Comments:</b>		02/07/2011
<b>Attachment:</b>		
Flesch Reading Ease Certification.pdf		



FLESCH SCORE CERTIFICATION

I, David Newkirk, Vice President of Westport Insurance Corporation do certify that the Endorsement form SP 4 922 0710 has a Flesch score of at least 40.

A handwritten signature in black ink, appearing to read "David Newkirk". The signature is fluid and cursive, with the first name "David" and last name "Newkirk" clearly distinguishable.

David Newkirk, Vice President  
Westport Insurance Corporation  
5200 Metcalf  
Overland Park, KS 66201